



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

April 09, 2013

18 April 9, 2013

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT THE BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12628252 in amount of \$4,409.30
2. Account Number 12572530 in amount of \$4,569.98
3. Account Number 12504704 in amount of \$152,215.58
4. Account Number 12616148 in amount of \$4,777.34
5. Account Number 12503804 in amount of \$3,333.33
6. Account Number 12428706 in amount of \$2,065.35
7. Account Number 12417353 in amount of \$7,490.54
8. Account Number 12641963 in amount of \$4,611.73

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

Strategic Asset Management Principles Compliance

Not applicable.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

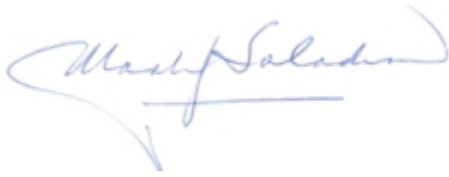
No Impact.

The Honorable Board of Supervisors

4/9/2013

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Respectfully submitted,

A handwritten signature in blue ink, reading "Mark J. Saladino". The signature is stylized with a large, sweeping initial "M" and a horizontal line extending from the end of the name.

MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.124A

Amount of Aid	\$19,786.00	Account Number	12628252
Amount Paid	0.00	Name	Adult Male
Balance Due	19,786.00	Service Date	03/01/12 thru 03/15/12
Compromise Amount Offered	4,409.30	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$15,376.70	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$19,786.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	515.77	515.77	3.44%
Harbor UCLA Med Foundation	2,650.65	590.70	3.94%
County of Los Angeles	19,786.00	4,409.30	29.40%
Net to Client	N/A	4,484.23	29.89%
Total	\$27,952.42	\$15,000.00	100.00%

Our financial investigation reveals that the client is employed and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.124B

Amount of Aid	\$28,659.00	Account Number	12572530
Amount Paid	0.00	Name	Adult Male
Balance Due	28,659.00	Service Date	08/29/11 thru 09/01/11
Compromise Amount Offered	4,569.98	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$24,089.02	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$28,659.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,999.00	\$ 4,999.00	33.32%
Attorney Cost	475.23	475.23	3.17%
City of El Segundo Ambulance	1,703.50	1,703.50	11.36%
County of Los Angeles	28,659.00	4,569.98	30.47%
Net to Client	N/A	3,252.29	21.68%
Total	\$35,836.73	\$15,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 124C

Amount of Aid	\$273,706.00	Account Number	12504704
Amount Paid	0.00	Name	Adult Male
Balance Due	273,706.00	Service Date	01/13/11 thru 05/31/11
Compromise Amount Offered	152,215.58	Facility	LAC USC Medical Center
Amount to be Written Off	\$121,490.42	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$273,706.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$475,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$152,215.59	\$152,215.59	32.05%
Attorney Cost	650.40	650.40	0.14%
Good Samaritan Hospital	17,140.63	7,500.00	1.58%
ER Department Phys. Med. Group	1,948.00	1,549.63	0.33%
So. Valley Radiology	696.00	253.21	0.05%
Arron Coppelson, M.D.	2,285.00	1,500.00	0.32%
SC Center for Occupational Ortho	1,950.00	1,400.00	0.29%
Dr. Ibrahim, D.C.	7,150.00	5,000.00	1.05%
Max MRI Imaging	2,250.00	500.00	0.11%
County of Los Angeles	273,706.00	152,215.58	32.04%
Net to Client	N/A	152,215.59	32.04%
Total	\$459,991.62	\$475,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by friends. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.124D

Amount of Aid	\$121,640.00	Account Number	12616148
Amount Paid	0.00	Name	Adult Male
Balance Due	121,640.00	Service Date	12/23/11 thru 01/12/12
Compromise Amount Offered	4,777.34	Facility	LAC USC Medical Center
Amount to be Written Off	\$116,862.66	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$121,640.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,833.33	\$ 4,833.33	32.22%
Attorney Cost	500.00	500.00	3.33%
Los Angeles Fire Department	1,436.00	56.00	0.37%
County of Los Angeles	121,640.00	4,777.34	31.85%
Net to Client	N/A	4,833.33	32.23%
Total	\$128,409.33	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his daughter. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.124E

Amount of Aid,	\$10,288.00	Account Number	12503804
Amount Paid	0.00	Name	Adult Male
Balance Due	10,288.00	Service Date	03/12/11- 05/03/11
Compromise Amount Offered	3,333.33	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 6,954.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a dog attack. He was treated at Harbor UCLA Medical Center at a cost of \$10,288.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$10,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,333.33	\$ 3,333.33	33.33%
Attorney Cost	0.00	0.00	0.00%
County of Los Angeles	10,288.00	3,333.33	33.33%
Net to Client	NA	3,333.34	33.34%
Total	\$13,621.33	\$10,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his friends. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 124F

Amount of Aid	\$7,360.00	Account Number	12428706
Amount Paid	0.00	Name	Adult Female
Balance Due	7,360.00	Service Date	08/22/10 thru 02/07/11
Compromise Amount Offered	2,065.35	Facility	Olive View Medical Center
Amount to be Written Off	\$5,294.65	Service Type	Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Olive View Medical Center at a cost of \$7,360.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$75,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 30,000.00	\$30,000.00	40.00%
Attorney Cost	1,500.00	1,500.00	2.00%
Valdimit Zeetser, M.D.	18,100.00	7,500.00	10.00%
Avanguard Surgery Center	53,175.00	13,000.00	17.33%
Casper Young, D.C.	2,950.00	1,000.00	1.33%
Richard Rosenberg, M.D.	1,036.00	400.00	0.53%
Encino Multispecialty Medical	550.00	200.00	0.27%
Renaissance Imaging	49.00	49.00	0.07%
Northridge Hospital	1,360.00	1,360.00	1.81%
Providence Medical Center	2,726.00	2,726.00	3.64%
County of Los Angeles	7,360.00	2,065.35	2.75%
Net to Client	N/A	15,199.65	20.27%
Total	\$118,806.00	\$75,000.00	100.00%

Our financial investigation reveals that the client is unemployed, lives with relatives, and receives government assistance. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.124G

Amount of Aid	\$34,149.00	Account Number	12417353
Amount Paid	0.00	Name	Adult Female
Balance Due	34,149.00	Service Date	09/05/10 thru 02/24/11
Compromise Amount Offered	7,490.54	Facility	LAC USC Medical Center
Amount to be Written Off	\$26,658.46	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$34,149.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,250.00	\$ 6,250.00	25.00%
Attorney Cost	1,469.49	1,469.49	5.88%
Care Ambulance	1,609.00	700.00	2.80%
County of Los Angeles	34,149.00	7,490.54	29.97%
Net to Client	N/A	9,089.97	36.35%
Total	\$43,477.49	\$25,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by her family. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.124H

Amount of Aid	\$109,006.00	Account Number	12641963
Amount Paid	0.00	Name	Adult Female
Balance Due	109,006.00	Service Date	09/19/11 thru 10/12/11
Compromise Amount Offered	4,611.73	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$104,058.33	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$109,006.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	157.00	157.00	1.05%
BWPO Dept. of Orthopedics	338.00	14.35	0.10%
Arthur Kreitenberg, M.D.	2,850.00	120.73	0.80%
Brighman & Womens Hospital	4,756.00	201.37	1.34%
County of Los Angeles	109,006.00	4,611.73	30.74%
Net to Client	N/A	4,894.82	32.64%
Total	\$122,107.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is supported by her family. She has no other source of income or tangible assets.